

**CIVIL SERVICE COMMISSION  
420 BROADWAY - CITY HALL  
KINGSTON, NEW YORK 12401**

**APPLICATION FOR EXAMINATION OR EMPLOYMENT**

Position Title Examination Number

This application is part of your examination. Answer all questions fully and carefully. Print in ink or use typewriter. attach additional sheets if necessary in order to give complete and detailed information.

**1. NAME, MAILING ADDRESS AND PHONE (PLEASE PRINT)**

LAST FIRST MI

STREET ADDRESS

CITY OR POST OFFICE STATE ZIP CODE

PHONE (Include Area Code)

Home: Business

**2. SOCIAL SECURITY NUMBER:**

3. Are you under 18 or over 70 years of age? YES NO  
If yes, or if minimum and/or maximum age limits are established for the position applied for enter your date of birth here:  
MO DAY YEAR

4. SPECIAL ARRANGEMENTS (Optional-see Instruction D)  
RELIGIOUS OBSERVER DISABLED MILITARY MEMBER

5. State your actual permanent legal residence and indicate for how long you have resided here continually, up to and including the date of this application.  
NAME YRS MONTHS

School District

City or Village of

Town of

County of

State of

Date Received By  
Approved Conditional Disapproved

5. Check appropriate box to the right of each question: YES NO

A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?

B. Did you ever resign from any employment rather than face dismissal?

C. Did you ever receive a discharge from the armed forces of the United States which was other than "Honorable" or which was issued under than honorable circumstances?

D. Have you ever been convicted of any crime (felony or Misdemeanor)?

E. Are you now under charges for any crime?

If you answered "YES" to any the Questions 6, A-E above, you may give specifics under "Remarks" on page 4 of this application. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information.

**None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.**

**DO NOT COMPLETE THIS SECTION UNLESS YOU:**

1. Wish to claim War Time veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in NY State or Local Government employment since January 1, 1951

**7. EXTRA CREDITS FOR WAR TIME VETERANS**

YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS. YES NO

A. I received or expect to receive a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States.

B. I served on an active duty basis other than active duty for training purposes during one or more of the following Time of War Periods:

**IN THE ARMED FORCES:**

Aug. 2, 1990 to the date when the Persian Gulf Hostilities end:

Dec. 22, 1961 to May 7, 1975;

June 27, 1950 to Jan 31, 1955, Dec. 7, 1941

to Dec 31, 1946

**or earned the Armed Forces, Navy, or Marine**

**Corps expeditionary medal for service in:**

(Panama) Dec. 20, 1989 to Jan. 31, 1990

(Lebanon) June 1, 1983 to Dec. 1, 1987

(Grenada) Oct. 23, 1983 to Nov. 21, 1983

**or in the U.S. Public Health Service**

June 26, 1950 to July 3, 1952; July 29, 1945

to Sept. 2, 1945

C. I am a United States Citizen or an alien lawfully admitted for permanent residence.

D. I am a New York State Resident

**To claim additional credits as a disabled Veteran, you must also answer "YES to this question:**

E. I am receiving ,from the U.S. Dept. of Veterans Affairs, a service connected disability rated at 10% or more incurred during a "Time of War" period listed above.

YES

NO

**SECTION 50-B OF THE NEW YORK STATE CIVIL SERVICE LAW  
REQUIRES THAT ALL APPLICANTS FOR EXAMINATION BE ASKED THE  
FOLLOWING QUESTIONS.**

1. Have you any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?

YES NO

2. If so, are you presently in default on any such loan?

YES NO

NAME

ADDRESS

Exam # & Title

**CITY OF KINGSTON AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION  
EMPLOYER**

It is the policy of the Civil Service Commission to provide accommodation in testing to individuals with disabilities and religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination because of age, race, creed, color, national origin, gender, disability or marital status.

**NOTE:** When filling out your application form, check to make sure that all appropriate questions have been answered. An incomplete application may result in it's disapproval.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION**

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant

Date

INDICATE ANY OTHER NAME(LAST NAME) BY WHICH YOU ARE OR HAVE BEEN KNOWN.  
(PLEASE PRINT)

